



# COMMONWEALTH OF MASSACHUSETTS

## BOARD OF BOILER RULES

### APPLICATION FOR VARIANCE

Please send application to:  
Department of Public Safety, Board of Boiler Rules, 1 Ashburton Place, Room 1301, Boston, MA 02108  
Tel: 617-727-3200 Fax: 617-727-5732 Web: [www.mas.gov/dps](http://www.mas.gov/dps)

\_\_\_\_\_  
(APPLICANT)

\_\_\_\_\_  
(LICENSE NUMBER)

\_\_\_\_\_  
(DBA)

\_\_\_\_\_  
(FAX)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(TELEPHONE)

\_\_\_\_\_  
(CITY/STATE/ZIP CODE)

\_\_\_\_\_  
(E-MAIL)

Please state each section of the regulation or ASME for which a variance is being sought:

522 CMR \_\_\_\_\_

ASME \_\_\_\_\_

522 CMR \_\_\_\_\_

ASME \_\_\_\_\_

522 CMR \_\_\_\_\_

ASME \_\_\_\_\_

The Applicant must complete the form and provide any documentation that demonstrates to the Board that the granting of the variance would not compromise public safety.

Please explain below why the variance is needed: (Please attach additional pages if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is documentation in support of meeting this threshold attached? [ ] YES [ ] NO

#### CERTIFICATION:

I hereby certify under the penalty of law that this document and all attachments to the best of my knowledge are true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date